

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/679 276

FILING DATE

10/5/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
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49						
50						
TOTAL IND.	6		7			
TOTAL DEP.	24	↔	24	↔	↔	↔
TOTAL CLAIMS	30		31			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						